

FILED JAN 19 1945

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 5491

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Rural Clay Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41  
(c) City or town Cainsville, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Richard Ora Claycomb

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 30 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 5 11 hr. min.

9. Birthplace Gentry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Netty Campbell

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Crouse

(b) Address Cainsville, Missouri

17. (a) Burial (b) Date thereof Dec. 14, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Akron Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Cainsville, Missouri

19. (a) 12-15-1944 (b) S. Eha Shaw  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th  
year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1-1943  
1943, to Dec 11 1944;  
that I last saw him alive on Dec 11 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism  
Due to Arteriosclerosis and Hypertension  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other)  
Address Cainsville, Missouri Date signed 12/12/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

1123

JAN 26 1945

JUN 26 1945

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STATEMENT BY LICENSED EMBALMER

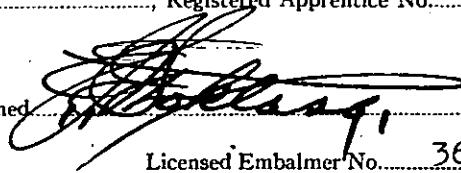
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Eddie J. Stoklasa

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**